

Dental Coverage Extension Request

Date: [Insert Date]

To: [Insurance Provider's Name]

Address: [Insurance Provider's Address]

Dear [Insurance Provider's Contact Person],

I hope this message finds you well. I am writing to formally request an extension of my dental coverage due to my recent change in employment status. Previously, I was employed at [Previous Employer's Name], and my coverage was active until [Date Coverage Ended]. As I have recently transitioned to a new job at [New Employer's Name], I would like to inquire about the possibility of extending my dental coverage during this interim period.

My policy number is [Your Policy Number] and I would greatly appreciate your guidance on how to proceed with this request. If possible, I would like to maintain my existing coverage until my new employment benefits take effect.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]